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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted  
With Initial  
Filing

OR

☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number 5000.113

First Named Inventor David B. Slater, Jr.

**COMPLETE IF KNOWN**

Application Number /

Filing Date

Group Art Unit

Examiner Name

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**LOW TEMPERATURE FORMATION OF BACKSIDE OHMIC CONTACTS FOR  
VERTICAL DEVICES**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 09/16/1999 as United States Application Number or PCT International

Application Number PCT/US99/21475 and was amended on (MM/DD/YYYY) 09/20/2000 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/100,546	09/16/1998	

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label 021176 OR ☐ Correspondence address below

**Name** Philip Summa, P.A.  
**Address** 13777 Ballantyne Corporate Place  
**Address** Suite 315

**City** Charlotte **State** NC **ZIP** 28277

**Country** **Telephone** 704-945-6700 **Fax** 704-945-6735

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:** ☐ A petition has been filed for this unsigned inventor

**Given Name** David B. **Family Name or Surname** SLATER, Jr.

**Inventor's Signature** *David B. Slater* **Date** 3/13/01

**Residence: City** Raleigh **State** NC **Country** US **Citizenship** US

**Mailing Address** 6304 Jarratt Cove

**Mailing Address**  
**City** Raleigh **State** NC **ZIP** 27613 **Country** US

**NAME OF SECOND INVENTOR:** ☐ A petition has been filed for this unsigned inventor

**Given Name** **Family Name or Surname**

**Inventor's Signature** **Date**

**Residence: City** **State** **Country** **Citizenship**

**Mailing Address**

**Mailing Address**

**City** **State** **ZIP** **Country**

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.